

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			10/14/01
O.I.P.E. CLASSIFIER		10	11-02-01
FORMALITY REVIEW	MD	579	11/13/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1		03	08/01
2		13	01/15
3		03	07/04
4		1	
5		1	
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Claim	Final	Original	Date
51		08	
52		03	
53		1	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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530  
11-13-01